

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION  
CLAIMING BENEFIT OF PROVISIONAL APPLICATION(S)**

Atty. Docket No. **CCF-6477NP**

As a below inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **APPARATUS AND METHOD FOR HARVESTING BONE MARROW**, the specification of which:

(check one) ☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_  
and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim priority benefits under Title 35, United States Code, §119 of any provisional application(s) listed below and have also identified below any provisional application(s) having a filing date before that of the application on which priority is claimed:

Prior Provisional Application(s):

_____	_____	Priority Claimed
60/459,199	31 March, 2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Day/Month/Year Filed)	
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Day/Month/Year Filed)	

I hereby claim the benefit under United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status-patented, pending, abandoned)
_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status-patented, pending, abandoned)

Power of Attorney: As a named inventor, I hereby appoint the following attorneys: Thomas L. Tarolli, Reg. No. 20,177; Robert B. Sundheim, Reg. No. 20,127; Calvin G. Covell, Reg. No. 24,042; Barry L. Tummino, Reg. No. 29,709; James L. Tarolli, Reg. No. 36,029; Richard S. Wesorick, Reg. No. 40,871; Richard A. Sutkus, Reg. No. 43,941; Matthew M. Shaheen, Reg. No. 45,367; Gary J. Pitzer, Reg. No. 39,334; Christopher P. Harris, Reg. No. 43,660; and Mark G. Bloom, Reg. No. 35,068, each with full powers of substitution and revocation to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO: **TAROLLI, SUNDHEIM, COVELL & TUMMINO L.L.P.**

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1) Full name of sole or first inventor **GEORGE F. MUSCHLER**

Inventor's signature \_\_\_\_\_

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Date **3/31/04**

Citizenship **U.S.A.**

County **CUYAHOGA**

2) Full name of second inventor \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Residence \_\_\_\_\_

Post Office Address \_\_\_\_\_

Date \_\_\_\_\_

Citizenship \_\_\_\_\_

County \_\_\_\_\_